

Case Number:	CM14-0011863		
Date Assigned:	02/21/2014	Date of Injury:	01/05/2012
Decision Date:	06/25/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/29/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 46-year-old male with date of injury of 01/05/2012. The listed diagnoses per [REDACTED] dated 09/18/2013 are: 1. Diabetes 2. Hypertension 3. Hypercholesterolemia 4. Right shoulder arthroscopy, debridement of the fraying of the subscapularis, biceps tenotomy and evacuation of calcific tendonitis of the rotator cuff by [REDACTED] on 04/06/2012. 5. Right shoulder diagnostic arthroscopy, rotator cuff repair, debridement of the partial-thickness subscapularis tear, 07 /17 /2013 by [REDACTED] 6. Postop musculoskeletal surgery, left shoulder. According to this report, the patient is 9 weeks status post right shoulder diagnostic arthroscopy from 07/17/2013. He is attending physical therapy 2 times a week, which she states is going well and he feels he is making progress. He is also doing home exercises and today, he notes an intermittent sharp superior shoulder pain that started last week after some range of motion exercises at therapy. Inspection of the shoulder shows arthroscopic borders are well healed. There is mild swelling as expected. There is tenderness to palpation over the trapezium. Active supine forward elevation to 130 degrees and external rotation to about 40 degrees. Resistance is noted with testing of the supraspinatus. The utilization review denied the request on 12/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEKS RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26,27.

Decision rationale: This patient presents with chronic right shoulder pain. The patient is status post right shoulder surgery from 07/17/2013. The treater is requesting 12 physical therapy sessions for the right shoulder. The MTUS postsurgical guidelines page 26 and 27 on complete rupture of the rotator cuff recommends 40 visits over 16 weeks. The utilization review notes that the patient received a total of 44 physical therapy sessions to date. The therapy report dated 11/05/2013 notes that the patient continues to struggle with his upper trapezius muscles with significant irritation during exercise. He is currently unable to perform overhead activities without significant increase of pain in his upper trapezius muscle. There is increased tissue density and fibrosis as well as tenderness and trigger point to the upper trapezius muscle on the right. The therapy report dated 11/11/2013 notes that the patient has nearly pain-free upper trapezius muscles, but his rotator cuff felt weak with no significant pain during movement. He also stated that the dry needling seems to be helping decreases his pain the most. There is minimal increased muscle tone on the upper trapezius muscle on the right versus the left. He continues to experience minimal to moderate pain over the shoulder and is still unable to raise his arm without pain. The MTUS Guidelines page 8 states, "Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." In this case, the patient shows slight improvement despite 44 sessions of physical therapy. Given the lack of significant functional improvement when utilizing this modality, the request for 12 additional visits is not medically necessary. Furthermore, the requested 12 when combined with the previous 44 exceeds MTUS postsurgical physical therapy guidelines. Recommendation is for denial.